Civil Air Patrol
Aerospace
Education
Membership
Application



Social Security Number	
Name	
Residence Address	
Daytime Phone	E-mail address
☐ Male ☐ Female	Birth Date

Education (()					
Membership	Daytime Pho	one	E-mail address		
Application	Male		Dinth Date		
	iwaie	Female	Birth Date		
EDUCATION EMPLOYMENT AA Teacher BA or BS Counselor MA or MS Principal Ed.D. / PH.D. Superintendent Homeschool Organization N	EXPERIENCE 1 Year 2-5 Years 6-10 Years 10- More Years	☐ Kind☐ Gra☐ Jun☐ Higl	ROOM TEACHING LEVEL (S) dergarten - grade 2 des 3-6 ior High School n School		
BACKGROUND 1. Citizen of the United States?	☐ Yes ☐ No				
 2. If no, are you a resident alien with green card? 3. Ever convicted of a felony? Yes No If "no," attach explanation. If "yes," attach explanation. 					
4. Are you currently charged with any felony? ☐ Yes ☐ No If "yes," attach explanation.					
 5. Served in the armed forces? 6 If yes, were you honorably discharged? ☐ Yes ☐ No ☐ Yes ☐ No ☐ If "no," attach explanation. 					
MEMBERSHIP FEE \$35.00 per year School Purchase Order attached Check payable to National Headquarters, Civil Air Patrol Credit card complete the form below: Credit Card Number Expiration Date MEMBERSHIP FEE \$35.00 per year School Purchase Order attached Master Card Master Card Send To: CIVIL AIR PATROL/LMA					
Expiration Date Daytime Telephone		Aerospace Education Membership 105 South Hansell Street, Building 714 Maxwell Air Force Base, Alabama 36112-6332 FAX: (334) 953-4235 E-mail: aex@capnhq.gov Information: (334)953-5004/4213			
Name as it appears on credit card					
Name as it appears on credit card					
Signature of credit card holder					
SIGNATURE OF APPLICANT		DATE			
I certify that this applicant is accepted as a member of Civil Air Patrol. Membership commences on the date processed by National Headquarters and the individuals name appears on the National Headquarters data base.					
NATIONAL COMMANDER'S DESIGNEE / NATIONAL HEADQUARTERS REVIEW: INITIAL / DATE					